

BEST AVAILABLE COPY

CLAIMS ONLY						SERIAL NO.		FILING DATE				
						APPLICANT(S)						
CLAIMS						*		*				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
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<b>TOTAL IND.</b>												
<b>TOTAL DEP.</b>												
<b>TOTAL CLAIMS</b>												

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS